2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Mar 15, 2007 8:00 am
Secretary of State
02-28-2007 90152 002 ****50.00

DOCUMENT # L06000056167

1. Entity Name

JAGLE FINANCIAL SERVICES, LLC

Principal Place of Business	Mailing Address
333 CAMINO GARDENS BLVD SUITE 100 BOCA RATON FL 33432	333 CAMINO GARDENS BLVD SUITE 100 BOCA RATON FL 33432

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
900 N. FEDERAL HWY	900 N. FEDERAL HWY
Suite, Apt. #, etc.: SUITE 240	Suite, Apt. #, etc.: SUITE 240
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33432 Country: U.S.A.	Zip: 33432 Country: USA

1st MOORE CR2E083 (10/06)

4. FEI Number: 20-4861380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAGLE, ARNALDO 333 CAMINO GARDENS BLVD SUITE 100 BOCA RATON FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ARNALDO JAGLE 02/21/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAGLE, ARNALDO ~~333 CAMINO GARDENS BLVD SUITE 100~~ BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900 N. FEDERAL HWY, SUITE 240	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARNALDO JAGLE 02/21/07 (561)750-3747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #